PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

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International Application No.	
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according to the Patent Cooperation Treaty.	Name of receiving Office	ce and "PCT Interr	national Application"	
	Applicant's or agent's f (if desired) (12 characte	ile reference ers maximum) A-9	88-WO-PCT	
Box No. I TITLE OF INVENTION COMPOUNDS, PHARMACEUTICAL COMPOSITIONS AND METHODS FOR USE IN TREATING METABOLIC DISORDERS				
Box No. II APPLICANT This person	n is also inventor			
Name and address: (Family name followed by given name; for a legal en The address must include postal code and name of country. The country of Box is the applicant's State (that is, country) of residence if no State of reside	the address indicated in this	Telephone No.		
AMGEN INC.	•			
Patent Operations, M/S 28-2-C				
One Amgen Center Drive		Teleprinter No.		
Thousand Oaks, CA 91320		Applicant's regist	tration No. with the Office	
US		Applicant stegis	ranon (vo. with the office	
State (that is, country) of nationality: US	State (that is, country)	of residence:		
This person is applicant all designated all designate	ed States except States of America	the United States of America only	the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURT	HER) INVENTOR(S)			
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State (that is, country) of nationality: US	State (that is, country)	of residence:		
This person is applicant all designated all designated	ted States except States of America	the United States of America only	the States indicated in the Supplemental Box	
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Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE				
The person identified below is hereby/has been appointed to act of the applicant(s) before the competent International Authorities	on behalf s as:	agent	common representative	
Name and address: (Family name followed by given name; for a legal er The address must include postal code and name of	ntity, full official designation. f country.)	Telephone No. 805-447-2	249	
FRIEDRICHSEN, Bernard P. AMGEN INC. Law Department, M/S 28-2-C		Facsimile No. 805-499-8	011	
		Teleprinter No.		
One Amgen Center Drive				
Thousand Oaks, CA 91320-1799 US		Agent's registrat	ion No. with the Office	
Address for correspondence: Mark this check-box when	re no agent or common re	presentative is/has should be sent.	been appointed and the	

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State (that is, country) of nationality: US	State (that is, country, US) of residence:	
This person is applicant all designated all designated	States except ites of America	the United States the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence LIN, Daniel C.H. 990 Governors Bay Drive Redwood City, CA 94065 US	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office		
State (that is, country) of nationality: US	State (that is, country US	y) of residence:	
This person is applicant for the purposes of: all designated the United States all designated the United States	States except ates of America	the United States of America only the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name: for a legal entity the address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of resident LIU, Jiwen 721 Celestial Lane Foster City, CA 94404 US	e address indicated in this	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
State (that is, country) of nationality:	State (that is, country US	y) of residence:	
This person is applicant all designated all designated	I States except ates of America	the United States the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entithe address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of resident LUO, Jian 240 Klamath Street Brisbane, CA 94005	ne address indicated in this	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
State (that is, country) of nationality: US State (that is, country) of residence: US			
This person is applicant for the purposes of: all designated states except the United States of America only the Supplemental Box			
Further applicants and/or (further) inventors are indicated on another continuation sheet.			

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State (that is, country) of nationality:) of residence:		
This person is applicant all designated all designated	States except tes of America	the United States of America only the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence QIU, Wei 974 Diaz Lane Foster City, CA 94404 US	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office		
State (that is, country) of nationality:	e) of residence:		
This person is applicant all designated for the purposes of:	States except ates of America	the United States of America only the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity the address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residenty REAGAN, Jeffrey D. 524 Lomita Avenue Millbrae, CA 94030 US	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office		
State (that is, country) of nationality: US	State (that is, country	y) of residence:	
This person is applicant all designated all designated	i States except ates of America	the United States of America only the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) SHARMA, Rajiv 5419 Shattuck Avenue Fremont, CA 94555 US This person is: applicant only inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Official designation. This person is: Applicant and inventor inventor only (If this check-box is marked, do not fill in below.)			
State (that is, country) of nationality: IN State (that is, country) of residence: US			
This person is applicant for the purposes of: all designated States all designated States except the United States of America only the States indicated in the Supplemental Box			
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Sheet	No.	 	

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)			
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State (that is, country) of nationality: GB	State (that is, country) GB	of residence:	
This person is applicant all designated for the purposes of:		the United States of America only the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence SUN, Ying 810 Ohlone Avenue, Apt. 823 Albany, CA 94706 US	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office		
State (that is, country) of nationality:	State (that is, country)	of residence:	
This person is applicant all designated for the purposes of:		the United States of America only the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity the address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residenty ZHANG, Jian 808 Rigel Lane Foster City, CA 94404 US	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office		
State (that is, country) of nationality:	State (that is, country, US) of residence:	
	l States except ates of America	the United States of America only the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entitude postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence IT 30 Sequoia Avenue, Apt. 6 Burlingame, CA 94010 US	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office		
State (that is, country) of nationality: CN State (that is, country) of residence: US			
This person is applicant for the purposes of: all designated States except the United States of America only the Supplemental Box			
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State (that is, country) of nationality:	State (that is, country)	of residence:	
This person is applicant all designated for the purposes of:		the United States of America only the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity. The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of resident MA, Zhihua 2712 Flores Street, Apt. 106 San Mateo, CA 94403 US	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office		
State (that is, country) of nationality: CN) of residence:		
This person is applicant all designated for the purposes of:	States except ates of America	the United States of America only the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entite The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence if no State of the state of	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office		
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